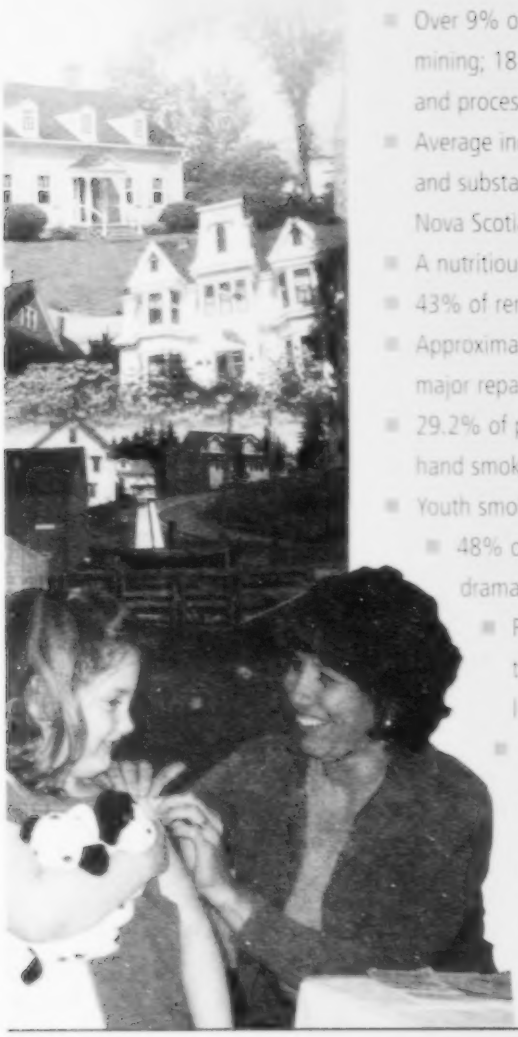
Health affects everyone and everything affects health

Think about it...everything really does affect health. For example, if income is limited, this will obviously affect one's ability to buy healthy foods, have affordable childcare, have a safe home environment, a sense of personal security, and overall health status. We need to look at all factors that affect health in order to improve the health of our communities.

In the Annapolis Valley:

- 15.2% of our population is over the age of 65
- Approximately 25% of Atlantic Canadians have trouble with everyday reading and writing
- Over 9% of the labor force is employed in primary industries (farming, fishing, logging and mining; 18.2% work in secondary industries (manufacturing, construction, transportation, and processing); 72.5% work in "white-collar" industries
- Average incomes ($23,046) are somewhat lower than the provincial average ($26,632) and substantially lower than the national average ($31,757) and the minimum wage in Nova Scotia is one of the lowest in the country
- A nutritious food basket for a family of four costs between $500-$550 per month
- 43% of renters spent more than 30% of their incomes on rent
- Approximately 11% of Valley homeowners say that their homes are in need of major repairs
- 29.2% of people in AVH report smoking on a daily basis - Children exposed to second hand smoke have higher rates of coughs, colds, bronchitis, and allergies
- Youth smoking rates are decreasing – 71% of youth do not smoke
- 48% of people are active or moderately active and levels of physical activity decrease dramatically from elementary school to high school
- Residents of the Annapolis Valley have a greater life expectancy (79.3 yrs) than the Canadian average (78.4 yrs) but they have fewer years of disability-free life expectancy
- It is estimated that 8.3% of residents (over the age of 12) suffer from depression, compared to the provincial rate of 8.8% and the national rate of 7.3%
- The top 5 causes of death in the Annapolis Valley are cardiovascular disease, cancers, chronic respiratory disease, influenza & pneumonia, and accidents/unintentional injuries and it is estimated that 40% of the chronic illness can be prevented.



SOME THINGS TO THINK AND TALK ABOUT

- What supports do we have in our communities to meet the needs of our aging population?
- What are some of the implications for couples who are juggling work, children, and caregiving of their parents?
- How can we improve literacy levels of children, youth, and adults?
- Is there safe, affordable housing in our communities?
- What supports are available in our communities to encourage people to be active?
- What are some benefits for individuals and our communities if there was less of a stigma linked with mental illness?

Where do we need to go from here?

- We need to take more responsibility for the health of our families, our communities, and ourselves.
- We need to focus more on prevention.
- We need to look at the "big picture" and realize that everything affects health.
- We need to make good decisions that are based on actual evidence and we need to be able to use many different approaches when putting these decisions into action.
- We need to keep track of what we are doing so we can constantly improve.

Health is everyone's business and by working together, we can make our communities healthier places to grow, live, work, and play.

This information was taken from the AVH Community Health Status Profile (2003).
Questions may be directed to the Public Affairs Office at 538-3443.
Copies of this sheet or the full profile can be found online at www.avdha.nshealth.ca

106-00604/

AVH
Annapolis Valley Health

ANNAPOLIS VALLEY HEALTH
2003-2004
ANNUAL REPORT

Vision:

Healthier people, caring communities and valued healthcare teams.

Getting there through:

- Partnerships and affiliations
- A commitment to quality and continuous improvement.
- Innovation and responsiveness.
- Accessibility– timely access to appropriate programs and services.
- Tracking trends in the health of our population.
- Using information and evidence to target programs and services.
- Open and inclusive communications.
- Finding ways for our physicians, staff and volunteers to feel supported in their pursuits to grow personally and professionally.
- Creating a working environment where our staff and volunteers are motivated by seeing how their efforts have positive effects on the lives of others.

Mission

"Working together to support improve the health of individuals and communities in the Annapolis Valley."

Values:

Integrity
Our decisions and actions reflect our commitment to accepted ethical and professional conduct. We work to ensure that our conduct earns the support and trust of all segments of the public that we serve.

Accountability
We make rational, informed decisions based on evidence and we are accountable for our actions and effective management of resources.

Respect
We treat those we work with and serve with dignity, fairness and respect. Our patients are participants in decision making around their care.

Collaboration
We work together with our communities and other partners to achieve improved services and healthier communities.

Continuous Improvement
We are committed to quality, innovation and evaluation.

Stability
We are committed to programs and services that are responsive to the needs of our people and are sustainable in the future.

Message from the Board Chair
2003-2004
Annual Report

This past year saw great progress made in all of our strategic directions:

- Healthier people and communities through partnering and learning;
- Ensuring the delivery of patient and client-centred health services; and
- Skilled people working in healthy workplaces, equip p e d wit h appropriate resources.

The progress made in community health has been very significant. This is due in large part to the tremendous support and leadership provided by our five community health boards. Each of these boards continues to develop and refine their community needs assessments. They are developing expertise in the use of evidence to identify the priorities recommended to the Board of Directors. The following priorities were agreed upon by all Community Health Boards (CHBs):

- Prevention of injuries including motor vehicle accidents, falls and suicide;
- Improved nutrition, increased physical activity and prevention of obesity; and
- Focus on health promotion through community partnership.

Towards the end of the fiscal year AVH was very proud to publish its first **COMMUNITY HEALTH STATUS PROFILE**. The purpose of this document is to provide a snapshot of the health of the population living within our district. Looking at health as a resource for everyday living, the report recognizes the range of social, economic and environmental factors that contribute to the health of individuals in communities. The profile contains statistical data that describes our population's size, age distribution, and ethnic-cultural profile. The report goes into considerable detail about factors, which affect our health such as income, employment, education, early childhood development, environmental factors and personal health practices. All of this information, taken together, will help AVH and its many partners to focus on strategies that will lead to an improvement in health status.

We are beginning the shift from being an "illness care system" to a "health promoting system". We know that we must try to prevent the development of chronic diseases, which threaten to utilize most of our resources in the next decade. This report shows us that we have a lot of work to do in areas of inactivity, obesity, smoking and healthy eating.

Our facilities must be prepared to play a role in health promotion and population health, in addition to illness care. We have come to realize over the past year that all of our facilities will require changes that will accommodate healthcare programs of the future. Because of this the Board approved a Role Study, which was completed in summer of 2003. The purpose of the Role Study was to define what the various sites and programs would be doing into the future. There was extensive consultation over a period of months while the Role Study was completed. Immediately following its completion the district moved into a Master Program/Master Planning process where the Role Study results will be translated into actual program space requirements. All of this is being done with a view to some major capital renovations to our sites in the next few years. The Department of Health has supported all of these processes and knows that, especially at Valley Regional Hospital, the lack of space is becoming critical as we attempt to deal with increasing volumes.

The Board struggled throughout the year with the knowledge that our Emergency Departments were significantly overcrowded; scheduled surgeries were frequently cancelled; and patients encountered significantly long waits for some diagnostic and treatment services and for

placement in long term care facilities. The Board supported a renewed effort to recruit more nurses and other health professionals, and towards the end of this year, we were pleased to hear that plans were underway to bring a considerable number of new nursing staff to the district.

The Board had a retreat in March, where there were in-depth discussions regarding the reconfirmation of the Board's role, an update on our strategic plan and discussions that are related to the visions and the values of the district.

Again this year I am deeply indebted to all of our partners. We continue to enjoy a positive and fruitful relationship with the Department of Health, with our Foundations, Auxiliaries and volunteers across the district. Our physicians have worked with enthusiasm to move the goals of the district forward. The Chairs of the Community Health Boards, and the individual members of the Board of Directors and its committees have all undertaken to ensure the district's progress towards its strategic directions. I want to thank Anne McGuire, CEO and the Executive Team, along with each and every member of our staff for all of the contributions, which has taken us closer to our vision of "healthier people, caring communities and valued healthcare teams".

Dave Logie

Chair, AVH Board of Directors

FIRST STRATEGIC DIRECTION

HEALTHIER PEOPLE AND COMMUNITIES THROUGH PARTNERING AND LEARNING

Indicators of Success

a. Measurements and targets related to the health status of our people, are known and understood.

b. Factors that determine health are the focus for planning and service delivery.

c. Increased access to a broad range of integrated primary health care services.

d. Partnering with Community Health Boards to provide leadership in building healthier communities.

Highlights:

√ AVH Community Health Status Profile was published in the spring of 2004 and is available online at: http://www.avdha.nshealth.ca/AVH_profile.pdf

√ Community Health Boards (CHBs) continued to build knowledge and skill in planning. Each Board identified priorities and, together, the CHBs recommended district-wide priorities: injury prevention, physical activity, nutrition and healthy weight. The boards also supported local initiatives and provided Annual Reports on their activities to the AVH Board. The reports are available at http://www.avdha.nshealth.ca/partners.html

√ A Working Group on Injury Prevention representing numerous agencies was formed with the mandate to provide recommendations to the Council of CHBs. Partners include RCMP, VON, Emergency Health Services and many others.

√ "Health Promoting Schools" initiative reached very significant objectives. Partnered with the Annapolis Valley Regional School Board; five participating elementary schools; parents; private industry; and CHBs, the project has been recognized as leading edge in building the capacity of partners to work effectively together in addressing conditions that affect eating habits, physical activity and the weight of youth.

√ A variety of partners, including AVH, created "Day Services for Youth" – a pilot project for 12-15 year olds who exhibit difficulties in learning behaviour that preclude success in school. NS Dept. of Justice, AV Regional School Board, NS Community Services and Kings County Regional Rehabilitation Centre joined AVH Mental Health in this initiative.

√ Mental Health's Early Response Service expanded to provide a full time staff position in each of the Mental Health Centres at Soldiers Memorial Hospital (SMH) and Valley Regional Hospital (VRH) responding to urgent and emergent consultation requests.

√ Consumer Participation Development Project was started to investigate, through consumer consultation, practical ways in which meaningful consumer participation could be increased, supported and sustained within the formal mental health system.

√ AVH Staff continued to work with hundreds of partners in improving the capacity of community agencies and families to positively affect health. Examples include a 10 week prevention program "Knowledge & Skills for Life" offered by Addictions staff to selected Grade 7s; facilitating "Partners for Progress" workshops for community leaders and staff; group education series on healthy living approaches to weight management; food safety workshops for day cares; "Active Kids, Healthy Kids" (where teachers, municipal/town/village recreation staff,

parents, CHBs promote and support recreation opportunities for children and youth); Caregiver Workshops; Five-day Women's Life Enhancement series for clients of Addictions Services; Homeless initiatives; and participation on many community organization Boards.

√ AVH staff continued to develop EIIS (Early Identification and Intervention Services for Children 0 – 6 years with Autism Spectrum Disorder and their families).

√ The Addiction Services Women's specialist worked to establish relationships with community agencies (e.g. transition houses; women's centres) regarding the development of policy and programming related to substance use and gambling.

√ Addiction Services Adolescent Treatment Workers started providing counselling and related services in all Junior and Senior High Schools in Kings and Annapolis Counties through a collaborative relationship with the Annapolis Valley Regional School Board.

√ The Primary Health Care Steering Committee was established to bring together community members, AVH Senior Administration, Physicians and CHB members to strengthen primary health care.

√ The Healthy Beginnings "Enhanced Home Visiting" initiative was implemented and includes screening by nurses of the VRH Obstetrics Unit and in-depth assessment and support by Public Health staff for families. Community partner agencies have formed a team to advise and coordinate efforts among agencies.

√ AVH Occupational Therapy staff, through an agreement with the Annapolis Valley District School Board, provided up to two days/ month service to school children with sensory integration needs within the school system.

√ AVH's two Sexuality Education Resource Nurses continued to provide teacher workshops, support local community initiatives to create youth health centres (e. g., Gold Door in Middleton) and assist in coordinating women's wellness initiatives in communities.

√ AVH continued to provide financial support to The Red Door, a community-based Youth Health Centre.

√ The "Fluoride Rinse" program for elementary students continued. A Public Health Hygienist trained volunteers in each eligible school to administer weekly fluoride to children. The program costs 66 cents per child per school year, and over 85% of students in eligible schools participated.

SECOND STRATEGIC DIRECTION

ENSURING THE DELIVERY OF PATIENT AND CLIENT–CENTRED HEALTH SERVICES

Indicators of Success

a. Services and programs are appropriate, accessible and sustainable.

b. Providing programs and services to individuals and families.

c. The performance of Programs and services are measured and results shared.

Highlights:

√ Two Nurse Practitioners, were hired and are located in Eestern Kings Memorial Community Health Centre (EKMCHC) and Annapolis Community Health Centre (ACHC) to work in collaborative practice with the physicians and other healthcare professionals.

√ The AVH District Cancer Program was significantly enhanced with the launch of Patient Navigation in September, 2003.

√ In November 2003, Premier Hamm announced the opening of approximately 30 additional long term care beds in AVH, scheduled for the spring of 2004.

√ The Board approved a reporting framework for the AVH Quality Program.

√ A Quality Council was formed as part of the Quality program and met throughout the year.

√ A Key Indicators Report was drafted in February, 2004.

√ A District-wide Incident Reporting System was introduced in April 2003.

√ A Patient/Client Satisfaction line with a 1-800 phone number was introduced to enable patients and clients anywhere in the District to tell us their compliments or concerns .

√ A District Utilization Committee was formed.

√ A Multidisciplinary District Infection Control Committee was formed.

√ District Emergency Services committee was formed to provide a forum for resolution of common issues, establish district standards and to share information and education.

√ An Acute Pain Program was initiated on the surgical unit at Valley Regional Hospital in January, 2004.

√ The Community Asthma Care Centre at VRH implemented a direct referral process for asthma patients seen in the Emergency Room. A satellite service was initiated at Soldiers Memorial Hospital.

√ Care delivery on the Medical Unit at Valley Regional was reorganized in January, 2004 to increase the number of transitional care beds and enable patients to be cared for by Licensed Practical Nurses working to their full scope of practice.

√ A SARS Response Plan was developed, in collaboration with the Department of Health and other DHAs, to ensure that sites and staff were prepared to care for a patient with SARS should this be required.

√ AVH staff and Physicians were involved in several Cancer Care planning initiatives.

√ A policy and procedure for Automatic Verification of Dictated Reports was developed to facilitate timely and efficient completion of health records.

√ The addition of the Quality Coordinator to AVH Laboratory Services made the district pioneers in the province for setting up a Quality Management System, which will lead us to full laboratory accreditation.

√ All Laboratory Technologists were licensed with the Nova Scotia College Medical Laboratory Technologists (NSCMLT).

√ A Review of laboratory services in AVH took place and recommendations are being initiated.

√ AVH went smoke-free on July 1, 2003. This step was taken to improve the health of our staff and the communities we serve. All properties owned by AVH went completely smoke-free with the implementation of the Smoking and Tobacco Use Policy.

√ The Miller Building on the Valley Regional site was removed.

√ Accessibility to specialists was increased through satellite services at community health centres.

√ New departmental evaluations (performance profiles) for reapplying physicians was initiated.

√ In late summer of 2003, Emergency Room renovations took place at VRH to better accommodate triage and care of patients.

√ Addiction Services Community-Based staff were strategically relocated to offices in Wolfville (EKMCHC); Kentville (VRH); Berwick (WKM); and Middleton (SMH) to bring services closer to communities being served and to reduce barriers to accessibility.

√ Seniors Mental Health Service redistributed staff positions through the district, to be more accessible and provide increased assessment and consultation services to seniors, and their families, in their homes, hospitals and in long term care facilities in both Annapolis and Kings Counties.

√ Diagnostic Imaging at Valley Regional Hospital acquired ultrasound units that allowed the program to increase productivity therefore lowering waiting lists.

THIRD STRATEGIC DIRECTION

SKILLED PEOPLE WORKING IN HEALTHY WORKPLACES EQUIPPED WITH APPROPRIATE RESOURCES

Indicators of Success

a. Optimizing the health, safety and well-being of employees, physicians and volunteers.

b. Effective recruitment and retention of professionals, physicians, support staff and volunteers.

c. Appropriate infrastructure to support the delivery of programs and services.

Highlights:

√ New boilers and heat recovery system (smoke stack) were installed at VRH to provide a more efficient heating system and improved indoor air quality.

√ A District Fire Safety Plan and other related fire safety initiatives was approved by the Office of the Fire Marshal.

√ AVH adopted an Organizational Health Model which integrated quality, organizational health and safety for both clients and the health care team.

√ Injury Prevention Program concentrated on the frontline worker. New patient handling processes were put in place, including appropriate methods of transferring and lifting patients, and an objective tool to assist in determining weight bearing.

√ Leadership development workshops through Nova Scotia Community College started in January. Communication skills, team building and alternate dispute resolution/conflict resolution workshops were organized for staff.

√ Implementation of N@W (Neighbour @ Work) Program to improve the quality of the employment relationships by promoting neighbourly behaviour.

√ A Performance/Professional Development Appraisal program was developed and implemented.

√ The AVH Nurse Council held their first meeting in April, 2003.

√ Under the leadership of the AVH Nurse Council, nurses across the district participated in the Practice Environment Collaboration Program with the College of Registered Nurses of Nova Scotia.

√ A Nursing Human Resources Planning Survey was conducted across the district during the summer 2003.

√ A major initiative was completed to resolve long standing network and computer related issues and to prepare for introduction of the Nova Scotia Health Information System (NShIS).

√ A Radiation Safety Officer was hired to be responsible for maintaining program safety issues including WHMIS, fire, monthly department inspections, TDG certifications, radiation inspections etc.

√ Tri-district Materiel Management became members of a National Group Purchasing organization call HealthPro.

√ Violence Intervention In-service for members of staff was provided.

√ AVH launched WAVES, a new e-magazine.

√ "Celebrating the San" - a special celebration of the proud history of the Nova Scotia Sanatorium and its staff was held at Valley Regional Hospital. Over 80 past and present staff, former patients and family members attended the event.

√ Three physicians were sponsored for the Dalhousie Management Program Clinical Leaders course.

√ The AVH website was expanded to include physician practice opportunities and department profiles.

√ Staff of the Diabetes Care Program organized a four-day multidisciplinary dysphasia assessment and training session. Professionals throughout Nova Scotia attended the program.

√ Many staff attended a wide variety of professional development courses, including training on mental health standards, primary health care, non-violent crisis intervention, and breastfeeding support.

√ AVH provided training opportunities for dozens of learners in 2003-04, including undergraduate nutrition students, dieticians, physicians, social workers, psychologists, and nurses.

REPORT OF THE AUDIT/FINANCE COMMITTEE
ANNAPOLIS VALLEY HEALTH (AVH)

The Board of Directors, through the Audit/ Finance Committee, is responsible for monitoring Management in meeting its responsibility for the preparation of financial statements and ensuring the implementation of operational controls that protect and safeguard assets. The Committee has met with management and the external auditors, Deloitte, to review the results of the annual audit of AVH's financial statements. During the year, the Board of Directors has exercised due diligence in fulfilling its fiduciary responsibility to the public.

Health Services Business Planning
District operational priorities and resource requirements are identified annually and communicated to the Department of Health. Although the Department has been successful in securing provincial funding for the next two years, the costs associated with the delivery of health services are escalating beyond these funded levels. Given these financial constraints, the Board is challenged in its efforts to fulfill its mandate of maintaining and improving the health status of its residents through the provision of quality care and effective service.

Statement of Operations
The Statements of Operations reports the operating and capital revenues and expenses for the year ended March 31, 2003-2004. Gross operating expenditures for the year were $76.1 million of which 72.2% was related to employee compensation. Shortages of nursing, technical, and professional staff have contributed to the District's minimal surplus of $20,770.

Statement of Financial Position
The Statement of Financial Position reports the assets, liabilities and fund balances as at March 31, 2004.

Capital Improvements
AVH, with Department of Health support, undertook significant infrastructure projects at the Valley Regional Hospital site, including the installation of a heat recovery scrubbing system, boiler and oil tanks and a humidification system. The federal agency EnerCan has recognized the energy efficiencies created by these projects and provided a grant to help offset the cost of implementation. The District's total expenditures for capital equipment and infrastructure during the year were approximately $3.85 million.

Capital funding is upon request, which limits the District's ability to plan for and carry out capital projects and extraordinary preventative maintenance programs.

On behalf of the Board, the Committee wishes to thank the District's Foundations and Auxiliaries for their generous contributions to capital equipment and infrastructure improvements.

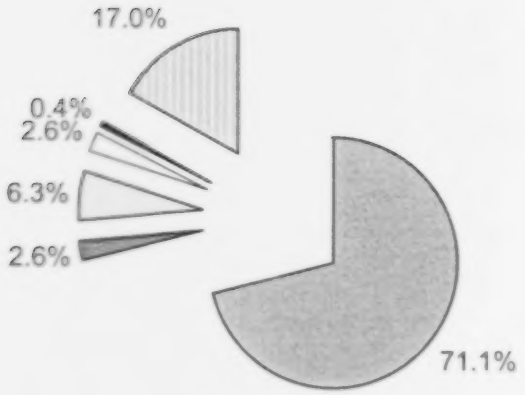
Audit Activities
Annapolis Valley Health has received from its external auditor an unqualified opinion on its 2003-2004 financial audit. To request a copy of the audited financial statements, please contact Jan MacKinnon, Director of Public Affairs, Annapolis Valley Health Corporate Office, Western Kings Memorial Health Centre, (538-3443).

Respectfully submitted,

Steve Hemenway

Steve Hemenway
Chair, Audit/Finance Committee

ANNAPOLIS VALLEY HEALTH
DISTRIBUTION OF OPERATING EXPENSES
2003-2004



☐ Compensation ▩ Drugs ☐ Med/Surg supplies
☐ Plant Operations ■ Building & Grounds ☐ Other

AVH Board Directors:

David B. Logie *(Board Chair)*
Jim Mosher *(Vice-Chair)*
Steve Hemenway *(Treasurer, Appt. 2004,)*
John Cochrane
David Hovell
Preston Ilsley
Barbara Kaiser
Beth Stewart *(Ret. September 2003)*
Doug Macdonald *(Treasurer, Ret. 2003)*
Steve Menzies
Jim Murphy
Jack Phinney
Greg Kerr *(Appt. September 2003)*
David Kilcup *(Appt. September 2003)*

Community Health Boards

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AVH Executive Team

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Patti Dexter-Peck, *VP Acute Care*

Stuart MacTavish, *VP Operations*

Dr. Pierre Lessard, *VP Medicine*

Tricia Cochrane, *VP Community Health*

Jan MacKinnon, *Director, Public Affairs & Volunteer Services*

Wanda Matthews, *Director, AVH Finance*

Sheila Rankin, *Director, AVH Human Resources*

Evelina Dunlap, *Director, Quality & Risk*

Dr. Richard Gould, *Medical Officer of Health*

Pat Reynolds, *Executive Assistant*

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